

IS THIS A FOLLOW-UP INSPECTION? ☐ YES ☐ NO
Check one below & list serial # of **original** inspection
☐ COMPLETE
☐ PARTIAL - Do not count on PRAMR (Report 5)
SERIAL # _____

INSPECTING COUNTY

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER	TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS	PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR	ADJACENT ENVIRONMENT (N) (S)	
PROPERTY LOCATION	(E) (W)	
SUPERVISOR	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	

WORKER PROTECTION STANDARD ELEMENTS

Notice of Application within 1/4 Mile <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> NOT INSPECTED	App. Specific Info. (Prop Operator) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> NOT INSPECTED		
Date of Application:	REI Expired: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Approximate Number of Fieldworkers:	Approximate Field Size:		
Number of Fieldworkers Interviewed:	Fieldworkers Activity:		
PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

Early Entry Personal Protective Equipment Worn

HANDS <input type="checkbox"/> Cloth/Leather Gloves <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Other _____ <input type="checkbox"/> None	EYES <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> Eye/Sun Glasses <input type="checkbox"/> None	INHALATION <input type="checkbox"/> Dust Mask <input type="checkbox"/> 1/2 Face Respirator <input type="checkbox"/> Full Face Respirator <input type="checkbox"/> SCBA <input type="checkbox"/> None	OTHER <input type="checkbox"/> Work Clothes <input type="checkbox"/> Chemical Resistant Clothes <input type="checkbox"/> Chemical Resistant Boots <input type="checkbox"/> Head Covering <input type="checkbox"/> Shoes and Socks <input type="checkbox"/> Other _____
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REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered # _____	(LC) 1695				Items Specific to Property Operators				
2. Labeling - Personal Protective Equipment	12973				10. Posting Compliance	6776			
3. Hazard Communication A-9	6761				11. Greenhouse Ventilation Criteria	6769			
4. Field Work during Pesticide Application	6762								
5. Field Worker Training	6764								
6. Emergency Medical Care Knowledge	6766								
7. Decontamination Facility	6768								
8. Field Entry after Pesticide Application	6770								
9. Early Entry Requirements	6771				TOTAL	TOTAL			

COMPLIANCE ACTIONS:	DECONTAMINATION FACILITY: (Item 7 or 9)
Follow-up Required <input type="checkbox"/> YES <input type="checkbox"/> NO	Decontamination Facility within 1/4 Mile <input type="checkbox"/> YES <input type="checkbox"/> NO
Cease and Desist Order 11897/13102 <input type="checkbox"/> YES <input type="checkbox"/> NO	Sufficient Water Available <input type="checkbox"/> YES <input type="checkbox"/> NO
Hazardous Area 6706 <input type="checkbox"/> YES <input type="checkbox"/> NO	Sufficient Soap Available <input type="checkbox"/> YES <input type="checkbox"/> NO
Correct Noncompliances By: _____	Sufficient Single Use Towels or Clean Towels (6771) <input type="checkbox"/> YES <input type="checkbox"/> NO
	Eyewash, 1 Pint each (Early Entry) (6771) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

VIOLATION NOTICE # ☐ YES ☐ NO

Remarks: Include a detailed description of noncompliances.

INSPECTOR Print Name	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY Print Name	Signature	DATE ACKNOWLEDGED